10-24-2000

The Process of Resilience

Denise R. Vikturek
Augsburg College

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Denise R. Vikturek

Submitted in partial fulfillment of
the requirement for the degree of
Master of Social Work

AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA
2000

MASTER OF SOCIAL WORK

AUGSBURG COLLEGE

MINNEAPOLIS, MINNESOTA

CERTIFICATE OF APPROVAL

This is to certify that the Master's Thesis of:

Renee R. Ubelaker

has been approved by the Examining Committee for the thesis requirement for the Master of Social Work Degree

Date of Oral Presentation: 10/24/2000

Thesis Committee:

Laura Boisen

Thesis Advisor: Laura Boisen, Ph.D.

Richard Spratt

Thesis Reader: Richard Spratt

Larry Kollman

Thesis Reader: Larry Kollman

ACKNOWLEDGMENTS

This research was possible because of the generous participation of MSW's employed in the Behavioral Services Department of Mercy Medical Center North Iowa and the North Iowa Mental Health Center. I appreciate their valuable time and professional insight which were shared in this study,

My appreciation is also extended to the Augsburg College of Social Work faculty and staff, and to the other aspiring MSW's who became both valued friends and colleagues during my educational journey.

My deepest appreciation to two special friends, Elaine Bennett and Larry Kollman, whose skills and encouragement were instrumental in the achievement of this goal.

Also my most sincere thanks to Dr. Laura Boisen whose knowledge and wisdom are a gift to each of her students.

Finally, unwavering gratitude and love to my husband, Dave, and my incredible daughters, Aubrie and Lauren.

ABSTRACT

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Resilience is the overcoming of some risk factor resulting in positive adaptation. Respondents from a mental health center and a medical institution who are involved in individual and family therapies completed a quantitative survey identifying specific traits, relationships and experiences impacting an individual's adaptation to adversity. The hypothesis was that if practitioners can identify these specifics they can help clients learn to recognize and seek out such traits, relationships, and experiences. The implication for practice is that through such teaching practitioners can increase the likelihood of client positive adaptation to adverse situations.

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CHAPTER I: INTRODUCTION

Problem Statement

Conditions of risk and stress in many people's lives today are chronic, multiple, and cumulative (Butler, 1997). People who have survived adversity and learned to successfully negotiate their world have become the focus of research directed toward identifying attributes, conditions, and processes that contribute to resilience (Rutter, 1987). Resilience is defined as the overcoming of some risk factor resulting in positive adaptation. Because the capacity of resilience develops over time in the context of environmental support, it is important to define the process, those relationships, experiences, and traits, which support an individual's positive adaptation to adversity. This research is intended to identify such processes, which practitioners can then teach their clients to recognize and access in order to increase the likelihood of positive adaptation to life's adverse circumstances.

Goal and Objective of the Study

The goal of this research is to identify whether practitioners recognize relationships, experiences and traits which support an individual's positive adaptation to adversity. The objective of the study is to identify whether practicing social workers can assist clients in identifying and accessing those relationships, experiences and traits

which help them learn to cope with stressful circumstances.

Significance of the Study

Most research in resilience has focused on risk factors and attributes or inborn strengths of the individual. Recently, however, research has emerged which recognizes a complex relationship of inner strengths and outer help throughout a person's lifetime which makes resilience both an interactive and systemic phenomena (Egeland, et al, 1990). Resilience is not only an individual matter; it is a visible web of relationships and experiences from which people learn to adapt positively. By identifying those factors which the professional community recognizes as supporting and maintaining resilient behavior, we may then be able to teach clients to recognize such relationships, experiences and traits and be able to access them for their own benefit.

Rutter (1985) suggests that instead of searching for broader based protective factors, the need in current research is to focus on mechanisms and processes--that is, to ask why and how some individuals manage to maintain high self-esteem and self efficacy in spite of facing similar adversities that lead other people to give up and lose hope. What has happened to enable them to have social supports that they can identify and use effectively at moments of crisis?

CHAPTER II: LITERATURE REVIEW

Overview

This literature review contains various aspects of the concept of resilience as they apply to the individual's positive adaptation to difficult life circumstances. Resilience may be seen as the mental health equivalent to spontaneous healing. What the mental health field calls resilience is actually the product of a complex interaction of inner strength and outer relationships and experiences throughout a person's lifetime. All the definitions of resilience have a similar thread: the overcoming of some risk factor resulting in positive adaptation.

Theoretical/Conceptual Framework for the Study

The theoretical framework, applied to resilience research, tends to be grounded in systems theory in an organizational-developmental framework. An individual's ability to thrive in adverse circumstances may be linked to a process which we are now identifying as resilience. It recognizes the substantial impact of the individual's family, community, and culture in their ability to meet and negotiate difficult life situations. Relationships which exist at a micro, meso, or macro level, are all part of the individual's system. As any part of this system changes, all other parts, and the individual's system as a whole, are affected.

When applying an organizational-developmental framework, resilience or competence, is viewed as the individual's ability to use internal and external resources successfully in order to resolve developmental issues. Competence in resolving issues in one developmental period does not predict later competence in a linear, deterministic way; rather, competence at one period is thought to make the individual broadly adapted to the environment and prepare them for competence in the next developmental period. Ways in which developmental tasks are resolved are thought to serve a strong and enduring protective function.

Conditions of Risk

Conditions of risk and stress in the lives of many children are chronic, multiple and cumulative (Butler, 1997). Children negotiate these experiences in many different ways and with very different outcomes. Some children adapt and even thrive while others with comparable risks become chronically maladjusted (Werner, 1993). Such contrasts in outcomes have challenged developmental theories and predictions. The children who have survived adversity and learned to successfully negotiate their world have become the focus of research directed toward identifying attributes, conditions and processes that contribute to resilience (Egeland et al, 1993; Garmezi, 1985; Cicchetti et al, 1993; Radke-Yarrow and Brown, 1993; Werner, 1993).

One of the most significant studies on resilience is

Emmy Werner's Kauai Longitudinal Study, which will be used as a comparative base and referenced throughout this literature review.

Definition of Resilience

It may be argued that resilience is harder to define than to recognize. Resilience is still loosely enough defined to cover a multitude of virtues and to create an array of arguments. At the very center of its definition is the recognition that not all people are destroyed by bad events. According to Werner (1993), a pioneering resilience researcher, "The expectancy of utter disaster for everyone just isn't true." Resilience may be seen as the mental health equivalent to spontaneous healing. Child psychologist and author Lilly Ruben (1997) believes that the world offers a myriad of healing turning points.

In the 1980's data began to emerge from a few longitudinal studies suggesting that resilient people do not make it on inborn strengths, fierce independence, and determined individualism alone. What the mental health field calls resilience is actually the product of a complex relationship of inner strengths and outer help throughout a person's lifetime, making it both an interactive and systemic phenomenon. Resilience is not only an individual matter, it is the visible web of relationships and experiences that teach people mastery, moral courage, hope, and love. The best support for this complex interactive

model comes from Emmy Werner's landmark 40-year longitudinal study of 201 resilient children on the Hawaiian island of Kauai.

All the definitions of resilience have a similar thread: The overcoming of some risk factor resulting in positive adaptation. According to Garmezy (1981), contrary to the focus of risk research, which studies the psychopathology of the individual, research in resilience focuses on the psychologically healthy person. Egeland and Sroufe (1993) have found that rather than being a childhood given or a function of particular traits, the capacity for resilience develops over time in the context of environmental support.

The research problem can be defined as follows: If practitioners can identify relationships, experiences and traits which support an individual's positive adaptation to adversity, then practitioners can teach clients to identify and seek out such relationships. The implication for practice is that by teaching clients to identify and choose experiences and relationships that promote resilience, practitioners can increase the likelihood of client positive adaptation to adverse situations.

Most research in resilience has focused on risk factors and attributes or inborn strengths of the individual (Butler, 1997; Garmezi, 1985). Recently, however, research has emerged which recognizes a complex relationship of inner strengths and environmental support systems throughout a

person's lifetime. An individual's ability to thrive while in the midst of adverse circumstances may be linked to the process which we are now identifying as resilience (Egeland et al, 1993; Rutter, 1987). It recognizes the substantial impact of the individual's family, community, and culture in their ability to meet and negotiate difficult life situations. Relationships which exist at a micro, meso, or macro level are all part of the individual's system. As any part of this system changes, all other parts, and the individual's system as a whole, are affected.

Risk Factors

"The world breaks everyone," Hemingway wrote 32 years before he killed himself. "And afterward some are strong in the broken places." A child's ability to not only survive but to be able to thrive in the midst of deplorable and devastating circumstances challenges our culture's conventional wisdom: that early trauma can't be undone; that the nuclear family's influence is paramount; that adversity always damages rather than challenges; and that children from sufficiently troubled families are inevitably doomed (Werner, 1993). This view is widely supported by retrospective research done with clinical populations and has shown that children of divorce, violence, alcoholism, and incest are over-represented among adults leading damaged lives (Cicchetti, et al).

In the 1970's-1980's, child development researchers,

using statistical models drawn from public health and epidemiology, catalogued the following risk factors: poverty; overcrowding; neighborhood and school violence; parental absence, unemployment or instability (Cicchetti et al, 1993). These factors increase the odds of a child ending up as a delinquent, addict, or a chronic mental health casualty (Werner, 1993). The function of these factors is not linear but rather geometric in nature (Rutter, 1987). The more risk factors the more astronomically the odds rise. Michael Rutter, an English researcher in resilience, found in a 1979 study that children exposed to one of six risk factors fared as well as other children, but those with four risk factors were 10 times more likely to become severely emotionally disturbed. Emmy Werner (1977) began her landmark study of resilience by examining children's vulnerability--their susceptibility to negative developmental outcomes after exposure to serious risk factors, which included: perinatal stress, poverty, parental mental illness or alcoholism, and chronic discord in the family environment.

The Life Events Checklist (LEC), developed by Work et al (1987), includes 32 stressful life events and circumstances that children and families experience. Most items assess chronically stressful processes (e.g. drug abuse, alcoholism, financial problems). The 32 items comprise five factors: family turmoil, poverty, violence, family separation, and death/illness.

The most recent wave of risk research projects has

focused on resilience and attempted to identify protective factors and processes associated with positive developmental outcomes (Werner, 1990). Despite variability in the definition of resilience across studies, much has been learned about the factors that mediate the relationship between adversity and more positive adaptability in children. According to Cicchetti et al (1993), research has moved our thinking away from more linear models to a better understanding of the complexities involved in the relationship between risk and protective factors and the developing child and the multiple pathways of both adaptive and maladaptive outcomes.

Resilience as a Process

In 1955, a team of pediatricians, psychologists, psychiatrists, and public health social workers began a 40-year longitudinal study of all 698 babies born that year on the Hawaiian island of Kauai. The men and women whose lives were followed from birth to their mid-30's are a mixture of ethnic groups--most are of Japanese, Filipino, and Hawaiian descent. About half of the group (54%) grew up in poverty. They were raised by fathers who were semi- or unskilled laborers on the local sugar and pineapple plantations and by mothers who had not graduated from high school.

Led by Emmy Werner, the study began by examining children's vulnerability, that is their susceptibility to negative developmental outcomes after exposure to serious

risk factors, such as perinatal stress, poverty, parental psychopathology, and disruptions of their family unit. As the longitudinal investigation progressed, the roots of resiliency were examined in those children who successfully coped with biological and psychological risk factors as well as protective factors that assisted these troubled children and youth to recover and transition into healthy adulthood.

There is need to keep in perspective that the majority of the 698 members of this birth group grew up in supportive environments and coped successfully with the developmental tasks of childhood, adolescence, and young adulthood. About one-third of the birth group were designated as high-risk children (n=201), because they were born into poverty, they had experienced moderate to severe degrees of perinatal stress, and they lived in a family environment troubled by chronic discord, parental alcoholism, or mental illness. Two out of three of these vulnerable children (who encountered four or more such risk factors by age two) did indeed develop serious learning or behavioral problems by age 10 and had mental health problems, delinquency records, and/or teenage pregnancies by the time they were 18 years old.

One out of three of these high-risk children (n=72), however, grew into competent, confident, and caring young adults. None developed serious learning or behavior problems in childhood or adolescence. Interviews were conducted in their senior year in high school and their records in the community were assessed evidencing that these young adults

succeeded in school, managed home and social life well, and expressed a strong desire to take advantage of opportunities which came their way.

From this study Smith and Werner (1989) wrote the book Vulnerable But Invincible which contrasts the behavior and caregiving environments of the resilient children to those of their high-risk peers of the same age and gender who had developed serious coping problems in the first two decades of life. They found resilient children, even as infants, tended to elicit positive attention from family members as well as strangers and were described by caregivers as "active", "affectionate", "good-natured", and "cuddly". The resilient infants were also reported to have fewer eating and sleeping habits that were distressing to their parents than did the infants who later developed serious learning or behavior problems. As toddlers, these children tended to engage their world. Pediatricians and psychologists who examined them independently at 20 months noted their alertness and autonomy, their tendency to seek out new experiences, and their positive social interactions. They also had more advanced communication and self-help skills than the other high-risk children, who later developed serious coping problems. In elementary school teachers reported that resilient children got along better with classmates, had better reasoning and reading skills than children who later developed problems. Resilient children tended to effectively use skills they possessed. Both

parents and teachers noted they had many interests and engaged in activities which were not narrowly gender-typed. Such activities tended to provide solace in adversity and a reason to feel proud.

Sroufe's (1990)and Rutter's (1987) findings were similar as they reviewed resilience within an organizational-developmental framework. In this framework resilience or competence is viewed as the ability to use internal and external resources successfully to resolve stage-salient developmental issues (Watters & Sroufe, 1983). Competence in resolving issues in one developmental period does not predict later competence in a linear deterministic way; rather competence at one period is thought to make the individual broadly adapted to the environment and prepared for competence in the next period (Sroufe & Rutter, 1984). The ways in which early developmental tasks are resolved are thought to serve a strong and enduring risk or protective function. Developmentally relevant issues in the early years include the formation of an effective attachment relationship (first year of life) and effective autonomous functioning (age two). Major issues during the preschool period include an expanded ability to organize and coordinate environmental resources, an interest in engaging problems found in the environment, and effective peer relations and emotional self-regulation.

In the Mother-Child Project, Egeland, Sroufe, and Kreutzer (1990) explored early experience and resilience by

documenting the role of prior history of adaptation in later competence. They compared two groups of children in elementary school using teacher judgment of peer competence and emotional health. Children in both groups had been functioning poorly across the 3 1/2 to 4 1/2 year age period. One group, however, had shown consistently positive adaptation during infancy and the toddler periods whereas the other group had functioned poorly throughout. Children with the early history of positive transactions within the caregiving system fared significantly better in early school years than did children with a consistent history of impaired functioning. Positive functioning for the resilient group seemed to be tied to their positive adaptation during infancy and the toddler period. This continued to influence later adaptation (early elementary), even after the effects of intervening adaptation (preschool) were taken into account.

These data seem to support the organizational-developmental thesis that current adaptation is a product of both current circumstances and developmental history (Bowlby, 1980). While past and current experience may contribute independently to current competence, other research from the Mother-Child Project (Elicker, Egeland, & Sroufe, (1992); Sroufe & Fleesen, (1988) have shown that children differing in early attachment relationships also vary in later relationships with teachers and peers. The relationships of these factors are complex; however, the

findings seem to support the view that prior experience may play an enduring role through expectations and attitudes the child brings to the current experience.

Werner's study found most resilient boys and girls had few if any prolonged separations from their primary caretaker during the first year of life. All had established a close bond with one caregiver from whom they received plenty of positive attention when they were infants. Some of this nurturing came from substitute parents, such as grandparents or older siblings or non-relative baby-sitters. Substitute parents also played an important role as positive models of identification. Resilient girls had often taken care of younger siblings reinforcing a sense of autonomy and responsibility. Resilient boys were in a family where there were male role models in the father or extended family. In adolescence structure, rules, and assigned chores were part of resilient children's daily routine. According to Werner resilient boys and girls also sought and found additional emotional support in close friends and peers, neighbors, and elders, and teachers who often became role models and friends. They participated in extra-curricular activities that were cooperative or team-oriented in nature. They also were often active in a religious organization. Werner's study found that resilient children were able to acquire a faith that their lives had meaning and they had control over their fate.

The Impact of Poverty

Egeland's et al (1993) longitudinal study of high-risk children, the Mother-Child Project, conducted 20 years after Werner's study began, found poverty to be the major risk factor for the families studied. Many were multi-problem families living in chaotic and disruptive environments. The sample of 267 pregnant women in their last trimester included many unmarried, teenage, high school drop-outs, many of whom had experienced child abuse, as well as drug and alcohol abuse in their own homes. They were recruited through local public health clinics to participate in the study.

Over 18 years their children's adaptation at each developmental period was measured and documented from infancy through age 18. In keeping with an organizational perspective emphasis in the research was placed on identifying and examining meaningful patterns of behavior. Assessment involved multiple situations and procedures and, when possible, multiple sources of information. In the study mothers provided information about the environment in which the children developed; however, they were not used as sources of information about children's adaptation. Instead, observations were attained in the home; in structural laboratory settings; school assessments, including teacher ratings and independent school observations by members of the research staff; and child interviews and testing. The data support the risk status of the sample. Eighty percent

of these children received some form of special education in elementary school. In general this study found poverty and the factors associated with poverty to have a pervasively negative effect on child adaptation. Children living in poverty were functioning poorly in a number of areas. A higher proportion of the children had poor-quality relationships with their caretakers in infancy, as indicated by the number of infants classified as anxiously attached at 12 and 18 months compared to low-risk samples. A high proportion had preschool behavior problems and also functioned poorly socially, emotionally, behaviorally, and academically in elementary school. Clearly, poverty was a major risk condition.

These findings indicated that the negative effects of poverty seemed to be cumulative and increase as the child gets older. At 12 months, 62% of the infants were securely attached but at each subsequent assessment the number of well-functioning children decreased. In pre-school the percentage had dropped to 30% who were competent in terms of peer acceptance, social skills, emotional self-regulation, and the ability to play and function autonomously. For those children who experienced extreme risk, especially those who were maltreated in the sample, there was little evidence of competence over time. Protective factors had a relative influence, only diminishing negative consequences.

This study was chosen because it illustrates current social issues and themes, specifically addressing the issue

of poverty for children and families, and its devastating impact. It forces us to look beyond the individual to contextual and environmental issues as related to the concept of resilience. It appears that the poverty sample of Egeland's et al(1993) study is functioning more poorly than the individuals studied by Werner and Smith in Hawaii. One reason for the difference may be the number of associated risk factors. For example there were fewer single parents and divorces during the 1950's. In addition Egeland's sample included not only young mothers but drug and alcohol abusing parents, and much family violence. It appears that the poor families of the 1980's and 90's experienced different, if not more, overall risk than poor families of the 1950's.

Regardless of risk condition, studies of resilience by Brown et al, (1986), Cicchetti et al, (1986), Egeland and Sroufe, (1990), consistently highlight the importance of supportive caregiving in the protective process. Through repeated interaction with a sensitive responsive caregiver, the child comes to view him or herself as lovable and worthwhile and to experience mastery in the environment. The child develops confidence and the ability to elicit positive responses from others through the developmental transaction of internal and external experience in an environmental context rather than as the result of inherent traits.

Implications for Social Action

Garmezy (1985) in his review of research into stress-

resistant children concluded that three broad sets of variables operated as protective factors: 1) personality features such as self-esteem; 2) family cohesion and absence of discord; 3) the availability of external support systems that encourage and reinforce a child's coping efforts. The list is very familiar to risk researchers as the antonyms of risk variables. High self-esteem protects; low self-esteem puts one at risk. Rutter (1987) argues that very little is gained in the introduction of protective factors if that is where research stops. The demonstration that these variables are strong predictors of resilience is important in showing that they are likely to play a key role in the processes involved in people's response to risk circumstances; but they are a very limited value as a means of finding new approaches to prevention. Rutter (1987) suggests that instead of searching for broadly based protective factors, the need is to focus on protective mechanisms and processes. That is, to ask why and how some individuals manage to maintain high self-esteem and self-efficacy in spite of facing the same adversities that lead other people to give up and lose hope.

What has happened to enable them to have social supports that they can use effectively at moments of crisis? Is it chance, or did prior circumstances, occurrences, or actions serve to bring about this desirable state of affairs? The search is not for broadly defined protective factors but, rather, for the developmental and situational

mechanisms involved in protective processes. Protection is not a matter of pleasant happenings or socially desirable qualities of the individual (Rutter, 1985). The search is not for factors that make us feel good but for the processes that protect us against risk mechanisms. The protection stems from the adaptive changes that follow successful coping.

Rutter (1987) determined that many vulnerability or protective processes concern key turning points in people's lives, rather than long-standing attributes or experiences. Research by Brown, et al (1986) has shown this in connection to the way in which girls deal with a pre-marital pregnancy; other research has demonstrated it for decisions on whether to stay in school to attain higher educational qualifications (Rutter, 1985), and in choice of a marriage partner (Rutter, 1984). In each case, the turning point arises because what happens then determines the direction of trajectory for years to follow. It seems helpful to use the term "protective mechanism" when what was previously a risk trajectory is changed to one with a greater likelihood of an adaptive outcome. For example, Rutter (1986) in school-based studies, found that the decision to stay on at school enabled black teenagers with previously poor educational achievements to attain improved scholastic qualifications that widened occupational opportunities. The point of emphasizing the turning points that change a developmental trajectory is to focus attention on the process involved. It

is not enough, for example, to say that academic success or self-efficacy are protective (although they are), but must also research how those qualities developed and how they changed the life course.

Rutter (1987) stresses that to help vulnerable youth, it is necessary to focus on the protective processes that bring about changes in life trajectories from risk to adaptation. He included among these processes those that reduce the impact of risk and the likelihood of negative chain reactions, those that promote self-efficacy and self-esteem and the processes that open up opportunities. Werner states these processes have been observed in the resilient children of the Kauai Longitudinal Study. For example it was observed that structure and rules in a household reduced the likelihood of juvenile offenses, even when they lived in a delinquency-prone environment, and that children of parents with chronic psychopathology could detach themselves from the discord in their household by spending time with caring adults outside the family. Both processes altered their exposure to potent risk conditions in their homes. In other cases, the negative chain reactions which often follow hospitalization of alcoholic or psychotic parents, or follow divorce, were buffered by the presence of grandparents or older siblings who acted as substitute parents and provided continuity in care.

Werner (1993) reviewed perspectives from the Kauai Longitudinal Study and found that the promotion of

competence and self-esteem in a young person is probably one of the key ingredients in any effective intervention process. Werner's study, for example, found that effective reading skills by grade four were one of the most potent predictors of successful adult adaptation among the high-risk children of the study. Self-esteem and self-efficacy also grew when youngsters took on responsibilities appropriate with their abilities, a part-time job or caring for younger siblings. During adolescence kids who grew into resilient adults were required to complete some socially desirable task to prevent others in their family or community from experiencing distress or discomfort. Such acts of "required helpfulness" (Rachman, 1979) can also become a crucial element of intervention programs that involve high-risk youth in community service.

Most of all the study showed that self-esteem and self-efficacy were promoted through supportive relationships. The resilient youngsters of the Kauai Longitudinal Study all had at least one person in their lives who accepted them unconditionally, regardless of their temperament, attractiveness, or intelligence. Most established such a close bond early in their lives.

The research referenced throughout this paper has repeatedly shown that if a parent for some reason is unavailable, other people in a child's life can play such an enabling role, whether they are grandparents, older siblings, caring neighbors, child-care providers, teachers,

ministers, youth workers in 4-H or YM or YWCA, Big Brothers or Big Sisters, or elder mentors. Such informal and personal ties to kith, kin, and community are preferred by most children and families to impersonal contacts with formal bureaucracies. These ties need to be encouraged and strengthened, not weakened or displaced, by legislative action and social programs.

Can Resilience be Consciously Created?

What we know about resilience comes from studying it naturalistically. The crucial question for therapy and public policy is whether it can be created artificially. Can community programs become "protective factors" that make a difference for high-risk kids? Can paid workers substitute for lifelong connections to family and extended family?

Emmy Werner, who has conducted ground-breaking longitudinal research on resilience, calls such public and private ventures "hopeful enterprises". There has been little outcome research done in this area. However, one of the most respected hopeful enterprises is called Healthy Start and is a 10-year-old program in the Hawaiian Islands that intervenes practically at the moment of birth of most of the state's at-risk children. The way the program is designed new mothers are screened in the hospital, and those who are homeless, impoverished, isolated, without partners, substance-abusing, in violent relationships or depressed are offered a community support worker whose official function

is to teach the new mother parenting skills. Every week the worker visits the mothers wherever they live, in whatever conditions. Some mothers are alcoholics, some are living with drug dealers and violent men or are on the brink of being sent to prison for crimes of their own. Others are teenagers living with their extended families.

The paraprofessional workers of Healthy Start teach these stressed mothers to smile and interact with their babies, hopefully creating an easier mother-infant bond. The workers are often, in effect, the godparents, aunts, uncles, grandparents missing from so many isolated people's lives. The web of relationships which once naturalistically provided many sources of resilience--the extended family, the church, the synagogue, the neighborhood, the union hall--is eroding.

State funding for Healthy Start which totaled 8 million in 1995 and served 2,500 children on five Hawaiian Islands, was cut 25% in 1996 (by 2 million). On the island of Kauai the program's administrator eliminated three family support workers, increased the caseloads of the remaining six and stopped offering Healthy Start to new families.

Conclusion

In November, 1996, U.S. News & World Report did a cover story on resilience. According to their statistics one in five American children grow up in poverty; divorce and paternal abandonment are widespread; and hundreds of

thousands of children spend their nights in homeless shelters or wake up to gunfire and police sirens.

Poverty has emerged as a pervasive condition in the lives of many children with numerous risk factors being correlated with poverty. The long-term consequences of adverse conditions on the individual's development and adaptation to life should be impetus for social change. As research defines resilience and identifies protective factors and processes that reduce risk and promote sound development, we hope to gain a better understanding of these protective factors which can help us both to clarify developmental processes and build a productive base necessary for effective preventive intervention. Such research findings may challenge us to argue for changing the odds children face, rather than making them beat them.

We now have clues to how children become resilient. Those clues challenge not only conservative American myths about stoicism and self-reliance but many unspoken assumptions of the liberal therapeutic culture (Networker, 1997). By examining the processes that contribute to positive adaptation in situations that more typically result in maladaptations, we should be better able to devise ways of promoting positive outcomes in high-risk children and youth.

CHAPTER III: RESEARCH DESIGN AND METHODS

Overview

This chapter presents a discussion on the design and the method of research. The chapter begins with an explanation of the research design. The following sections define the rationale for the sampling criteria, provide an explanation for how the survey was developed, and the procedures used in data collection. Data analysis identifies the type of statistical analysis used in presenting and discussing the findings. Finally, the study's reliability and validity, strengths and limitations, and implication for practice are discussed.

Research Design

The design of this research is a cross-sectional, quantitative survey. The expected outcome is that the research will test the hypothesis and add to existing knowledge about the process of resilience. This research may also add new and additional information pertaining to adults and their ability to adapt positively to life stressors by accessing resources within themselves and their environment. The purpose of the research is explanatory in that a particular hypothesis was tested and causal inferences are drawn related to the study of the process of resilience as identified by social work practitioners.

Research Hypothesis

If practitioners can identify relationships, experiences, and traits which support an individual's positive adaptation to adversity, then practitioners can teach clients to identify and seek out such relationships. Although most research in resilience has focused on risk factors and attributes of the individual, more recent research has emerged which recognizes that resilience is not simply an individual matter; rather, it is a complex relationship between innate and outer resources. The ultimate question is: Can practicing social workers assist clients in identifying and accessing those experiences and relationships which help them learn to cope with stressful circumstances? This question raises the following: Can experienced practitioners identify those specific factors which lead to positive adaptation? And, can they then impart that knowledge to clients?

Units of Analysis

The units of analysis for this research are professional social workers who have a Master's in Social Work degree and work in the mental health community of Mason City, IA. Surveys will be mailed to 19 MSW's practicing in this area.

Key Concepts

Resilience may be seen as the mental health equivalent to spontaneous healing and is defined as the overcoming of some risk factor resulting in positive adaptation.

Process of resilience may be identified as the relationships, experiences and traits which support an individual's positive adaptation to adversity.

Positive adaptation occurs when individuals are able to cope with life-stressors in a self-enhancing manner.

Characteristics of Study Population

The study population will include 19 practicing MSW's from the Mason City, IA area chosen because of their professional experience and educational background. The population responding to the research survey are licensed, practicing, social workers who work in the local mental health community--hospital and mental health center. The directors of these two institutions agreed to allow their therapists to participate in this study.

Data Collection and Data Collection Instrument

The instrument was developed and organized around three (3) categories as identified in the literature. These categories were: relationships; experiences; traits and characteristics. Within the three categories the variables which were discussed in the literature as impacting the likelihood of positive adaptation were identified. These

variables were then incorporated in questions which respondents ranked as having no, slight, moderate, somewhat strong, or strong impact on their clients' ability to develop resilience.

Data was collected from MSW's practicing within the Mason City, IA mental health community. This researcher mailed a survey to the practicing MSW's in Mercy Medical Center North Iowa Clinical Psychology Department and North Iowa Mental Health Center. A pre-addressed, stamped envelope was provided for return of the survey. Those MSW's who did not return the survey within the allotted 15 days were sent another survey with the request to complete and return it within the next 10 days. Due to the limited number of respondents available, the survey was not pre-tested; however, the survey instrument was reviewed by the Clinical Director of Mental Health for Mercy Health Center North Iowa.

Data Analysis Procedures

Descriptive statistics were used in the analysis of the findings. The author computed the mean, median, and mode of the continuous variables. Discrete variables were analyzed using raw numbers and percentage marginals.

Measurement Issues

Random errors were minimal as respondents are familiar with the concepts and processes described in the survey.

Master's level practicing social workers who are licensed and work with clients on a daily basis have the knowledge and experience necessary to competently respond to this survey.

Systematic errors could have occurred as biases could be involved in the data collection. For example, practitioners could demonstrate a social desirability bias by responding to the survey in a positive manner to make them appear more favorable. Social desirability bias would be evident if practitioners responded to the survey by providing exaggerated or misleading information (such as answering the survey questions in a more positive manner than they actually practice or believe) as identified by high rated responses.

The results of the survey are valid as the researcher and the respondents have the same knowledge base related to the concepts described in the survey instrument. The respondents have a similar educational background, are practicing, and are licensed. A definition of terms was included with the survey instrument in order to minimize discrepancies in definition of key concepts.

Reliability was safeguarded in this study as respondents were asked to respond to concepts with which they are quite familiar and which have relevance to their work as practicing, licensed therapists.

The data was measured at all levels of measurement. There are questions on the instrument which are relevant to

all levels.

In this study the dependent variable examined was the individual's positive adaptation to adversity. The independent variables (relationships, experiences, traits) were identified and measured in the survey instrument.

Strengths and Limitations of the Study

The strengths of this proposed research included the ability to identify and access certain factors which enhance the opportunity for individuals to successfully negotiate difficult and stressful experiences in their lives. Identifying these factors before a crisis situation arises should help provide healthy alternatives and enhance individual coping skills. The fact that these coping skills are identifiable and measurable is important in the provision of services because of the advent of managed care.

Another strength of this research was the criterion-related and construct validity of the survey instrument. The external criterion in the research pertains to the process of resilience. The questions on the survey instrument directly correlate to aspects of relationships, experiences, and traits which enhance resilience. Also, the data requested in the survey correlates with the theoretical framework identified in the literature review.

A limitation of this study was the inability to survey primary sources. Such a survey is difficult because of subjects being a vulnerable population and the need to

conduct a longitudinal study when using primary sources. Another limitation is the relatively small sample size due to the limited number of MSW's in the area. As a result of the small size, the ability to generalize is limited.

CHAPTER IV: FINDINGS

Overview

This chapter has five sections. The chapter begins with a description of the sample characteristics and then discusses the factors which influence the development of resilience. The next three sections summarize the data received in the three categories which may impact resilience: relationships, experiences, traits. In each of these categories, responses will be reported as those identified has having the most impact and the least impact.

Characteristics of Sample

The research had a 42% response rate. Of the 19 surveys mailed, eight surveys were returned all of which met the sampling criteria (licensed, practicing social workers).

Of the eight surveys returned, and whose results are reported in this section, six surveys were completed by female social workers and two by male social workers. All respondents hold a Master's Degree in Social Work and all are licensed and practicing at the clinical level. The age span of these social workers ranges from 25-62, with a median age of close to 44 and a mean age of 52. The years of experience ranged from 1.5 to 25 years with a median of close to 12 years

Factors Influencing Development of Resilience

This research discusses three principle ways the literature suggests resilience is acquired. Those are relationships, experiences, and traits. Findings will be reported by discussing responses in two categories: 1) somewhat strong and strong impact; 2)no and slight impact. In the first category, questions receiving six or more responses will be counted and indicate the respondents' belief that these variables affect the development of resilience to a greater degree. In the second category, questions receiving three or more responses will be counted and indicate the respondents' belief that these variables affect the development of resilience to a lesser degree. The two categories will be discussed in raw percentages within three sections as identified by the literature: relationships; experiences; traits.

Relationships Which May Impact Resilience

Findings demonstrated respondents' belief of the importance of relationships in clients' ability to develop the capacity of resilience. This was indicated by a 64% response rate in the strong/somewhat strong impact category, as compared to the number of responses indicating a slight or no impact which was a 29% response rate. Respondents identified over two-thirds of the relationship variable as significant factors in their clients' lives and positive adaptation. Of the 14 questions in the section regarding

relationships and their effect on the development of resilience, nine questions received responses of six or more in the category of strong/somewhat strong impact.

Of these nine questions, four received seven or eight responses and include the following variables: 1) having a caring and loving relationship with spouse or partner; 2)having a caring and loving relationship with parent(s) during childhood; 3) having one or more friends with weekly contact; 4) having at least one person who accepted them unconditionally as a child. These four variables then were identified in the relationships section by survey respondents as being most influential in developing resilience. The remaining five questions received six responses and include the variables: 1) having a caring and loving relationship with parent(s) as an adult; 2) having a relationship with a mentor/role model as an adult; 3) having developed a spiritual connection; 4) having a primary caretaker during childhood; 5) having a prolonged separation from primary caretaker during childhood. This indicates that the respondents view 64% of the questions as having a significant degree of influence in the development of resilience.

Of the 14 questions in the relationships section, four received responses of three or more in the category of no/slight impact. Questions receiving three and four responses include the variables: 1) having mutual respect and cooperative relationships with co-workers; 2) having a

relationship with a mentor/role model during childhood; 3) having a relationship with a mentor/role model during adolescence; 4) having learned to identify and access community resources. These four types of relationships were identified by respondents as being the least significant factors affecting the process of resilience. Respondents viewed 29% of the questions pertaining to relationships as having a lesser degree of influence in their clients' ability to develop resilience.

The final question in each section is: Other (Please Specify). Question 14 received one response: "Client experienced death of primary care-taker during childhood or adolescence."

Experiences Which May Impact Resilience

Findings demonstrated respondents' belief that experiences are somewhat less important in their clients' ability to develop resilience. This belief was reflected in the lower response rate in the strong/somewhat strong impact category. Respondents viewed 52% of the questions pertaining to experiences in clients' lives, as compared to a 64% response rate in the relationship section, which contribute to clients' ability to positively adapt. Respondents identified approximately one-half of the experience variables as significant factors in their clients' lives and positive adaptation.

Of the 27 questions in the section regarding

experiences and their effect on the development of resilience, 14 questions received responses of six or more in the category of strong and somewhat strong impact. This indicates that the respondents view 52% of the questions as having a greater degree of influence in clients' ability to develop resilience. Questions receiving seven or eight responses include the variables: 1) having received support for their opinions and/or positions; 2) having often received positive recognition from family; 3) being able to regulate emotions most of the time; 4) having appropriately solved problems most of the time; 5) using prior experiences to solve problems; 6) having experienced structure and rules as children (0-18); 7) taking responsibility for their actions; 8) feeling a sense of control over what happens to them; 9) feeling that their lives have meaning. These nine experiences contained the variables which were viewed by respondents as having the greatest impact on clients development of resilience. Questions receiving six responses include the variables: 1) having received praise on a regular basis; 2) feeling safe in most circumstances; 3) having personally experienced alcohol or drug abuse as adults; 4) having personally experienced alcohol or drug abuse as children; 5) as children having experienced violence in the home.

Of the 27 questions in this section, 11 received responses of three or more in the category of no or slight impact. This indicates that the respondents view 41% of the

questions as having a lesser degree of influence in their clients' ability to develop resilience. Questions receiving three, four or five responses include the variables: 1) having been perceived by others as being honest; 2) having been perceived by others as credible; 3) having experienced alcohol or drug abuse in the family (as adults); 4) having experienced alcohol or drug abuse in the family (as children); 5) having experienced school violence (as children); 6) having experienced poverty (as adults); 7) having experienced poverty (as children); 8) having been responsible for taking care of another person. Questions receiving six or seven responses include the variables: 1) having often received positive recognition from co-workers; 2) having engaged in activities that are broadly gender typed; 3) having experienced divorce (as adults or as children). These three factors, then, were viewed by respondents as being least influential in the development of resilience.

The final question in each section is : Other (Please Specify). Question number 41 received one response: "Clients have had responsibility for pets."

Traits/Characteristics Which May Impact Resilience

In this section findings clearly demonstrated respondents' overwhelming belief of the importance of clients' traits/characteristics and their influence in clients' lives to meet and negotiate stressful situations

and achieve positive outcomes. As compared with a 64% response rate in the relationships section and a 52% response rate in the experiences section, traits and characteristics received a 100% response rate in recognition of the variables pertaining to inherent qualities strengths.

Of the seven questions in the section regarding traits/characteristics and their effect on the development of resilience, seven questions received response of six or more in the category of strong/somewhat strong impact. This indicates that the respondents view 100% of the questions as having a significant degree of influence in clients' ability to develop resilience. Questions receiving six responses include the variables: 1) clients experience and seek out social interaction; 2) clients possess many interests and are open to challenges and change. Questions receiving seven responses include the variables: 1) clients appearing generally to be alert; 2) clients seeking new experiences involving new activities and/or people; 3) clients exhibit effective communication skills in their ability to be clearly understood by others and to understand others. Questions receiving eight responses include the variables: 1) clients exhibit autonomous behavior by acting according to personally established sets of values; 2) clients exhibit self-help skills such as ability to recognize and seek assistance when needed.

The final question in each section is: Other (Please Specify). Question number 49 received no written response.

CHAPTER V: DISCUSSION OF FINDINGS AND IMPLICATIONS

Overview

The discussion of the research findings is organized in a similar manner as the literature review and the findings. A discussion of the findings as related to the literature review and this writer's observations will be organized in three separate sections in this chapter evaluating respondents' receptions identifying the relationships, the experiences, and the traits which may impact resilience. In each of these three sections special attention will be paid to responses and correlating variables which received 100% acknowledgment (as signified by 8 out of 8 responses) in the strong/somewhat strong category as well as those variables which received an 88% response rate (as signified by 7 out of 8 responses). Responses and variables which were rated as having the least impact in each of the three sections will also be discussed. This chapter ends with the implications for practice.

Relationships

The survey questions in the relationships section in the category of strong/somewhat strong agreement receiving a 100% response rate recognize clients' primary relationships during childhood as being the most influential factor in their ability to successfully adapt to adverse circumstances. These two relationships as described in the

survey are: 1) clients experienced a long and caring relationship with parent(s) during childhood and adolescence; and 2) as children clients had at least one person who accepted them unconditionally. These findings are supported throughout the literature. In Werner's 40 year longitudinal study of 201 high risk children, one out of three children (N=72) grew into competent, caring and confident young adults. Werner's study (1993) found most resilient boys and girls had few if any prolonged separations from their primary caretaker and all had established a close bond with one caregiver from whom they received plenty of positive attention. Egeland's et al longitudinal study (1993) of high risk children, conducted 20 years after Werner's study began, found a higher proportion of children living in poverty had poor quality relationships with their caretakers in infancy. This was indicated by the number of infants classified as anxiously attached at 12 and 18 months compared to low risk samples. Another finding of the Mother-Child Project showed children with an early history of positive relationships with caregivers did significantly better during early school years than did children with a consistent history of impaired functioning with caregivers. According to Sroufe & Rutter's 1984 study, developmentally relevant issues in the early years (first year of life) include the formation of an effective attachment relationship . In the Mother-Child Project, Egeland, Sroufe, and Kreutzer (1990) explored early

experience and resilience by documenting the role of prior history of adaptation in later competence. They compared two groups of children in elementary school using teacher judgment of peer competence and emotional health. Positive functioning for the resilient group seemed to be tied to their positive adaptation during infancy and the toddler period. Continued research conducted in the Mother-Child Project (Sroufe & Fleesen, 1988; Elicker, Egeland & Sroufe, 1992) shows that children differing in early attachment relationships also vary in later relationships with teachers and peers. Resilience studies of Brown, et al, (1986), Cicchetti et al, (1986), Egeland and Sroufe, (1990) consistently highlight the importance of supportive caregiving in the protective process regardless of risk condition. Through repeated interaction with a sensitive and responsive caregiver, the child comes to view him or herself as lovable and worthwhile and to experience mastery in the environment. The child develops confidence and the ability to elicit positive responses from others through the developmental transaction of internal and external experience in an environmental context rather than as the result of inherent traits. The Kauai Longitudinal Study provides strong support for the necessity of unconditional acceptance. All of the children exhibiting resilience had at least one person in their lives who accepted them unconditionally, regardless of their temperament, attractiveness or intelligence. Most established such a

close bond early in their lives.

The survey question in the relationships section in the category of strong/somewhat strong agreement receiving an 88% response rate recognize that resilient clients have a caring and loving relationship with spouse or partner. According to Sroufe & Rutter (1984) competence in resolving issues in the developmental period is thought to make individuals broadly adapted to their environment; therefore, they will be more competent in future stages of life. The Kauai Study showed most of all that self-esteem and self efficacy were promoted through supportive relationships.

Survey conclusions in the 100% and 88% response rate indicate that respondents are viewing primary relationships, both during childhood and adulthood, as having the most significant impact on clients' ability to successfully adapt to adverse circumstance in their lives. The foundation is laid for this as children by having a responsive primary caretaker and unconditional acceptance.

Respondents view the variable having the least significant relationships impact as: Clients have learned to identify and access community resources. The respondents' view is not supported in the literature, and the author challenges this perception as a professional bias, believing outside resources to be a significant factor in clients' ability to positively adapt. Those who cope with adversity seem able to access appropriate resources, whereas those who are not resilient, who cannot cope with their adverse

circumstances, seem not to know what resources are available to them and/or how to access them to receive the assistance needed. The author further challenges the respondents' perception that there is little impact on clients, during childhood and adolescence, having developed a relationship with a mentor or role model. According to Werner, resilient boys and girls sought and found additional emotional support in close friends, peers, neighbors, elders, and teachers who often became role models. Research references throughout the literature review have identified community resources such as teachers, ministers, youth workers in 4-H or YM or YWCA, Big Brothers or Big Sisters, or elder mentors as substitute parents who play an important role as positive models of identification. The process which we are now identifying as resilience recognizes the substantial impact of the individual's family, community, and culture in their ability to meet and negotiate difficult life situations.

Experiences

The experiences section of the survey contained seven responses in which there was 100% agreement by respondents in the strong/somewhat strong category:

1) Clients have often received positive recognition from family
2) Clients appropriately solve problems most of the time
3) Clients use prior experiences to solve problems
4) Clients take responsibility for their actions

5) Clients are able to regulate emotions most of the time

6) Clients feel a sense of control over what happens to them

7) Clients feel their lives have meaning.

There is broad-based support of these findings in the existing literature. The significance of the family's positive support and recognition in a child's life was discussed in detail in the relationships section. Werner's study demonstrated throughout that self-esteem and self efficacy were promoted through supportive relationships. Another key component in experiences which was identified as leading to positive adaptation was clients' ability to problem solve. According to Sroufe and Rutter (1985) competence in resolving issues in a developmental period is thought to make the individual more broadly adapted to the environment and prepared for competence in the next stage of life. Bowlby (1980) suggests that past and current experience may contribute to current competence. Rutter's search for processes that protect us against risk factors suggests protection stems from the adaptive changes that follow successful coping. Rutter (1987) suggests protective processes concern key turning points in people's lives, in other words problems and how they are resolved. Problem solving and the ability to use past experiences to make decisions may be regarded as a protective mechanism. What was previously a path of risk and a potentially negative

outcome is changed to one with a greater likelihood of positive and adaptive outcomes. Werner observed such problem solving processes in resilient children of the Kauai Longitudinal Study as children of parents with chronic psychopathology could detach themselves from the trauma in their homes by spending time with caring adults outside their family. The promotion of competence and self-esteem in a young person is probably a key ingredient in an effective intervention process. Werner's study also observed that children who were responsible for caring for younger siblings or for a part-time job had greater self-esteem. Her Kauai study also found that resilient children were able to acquire a faith that their lives had meaning and that they had control over their fate. Findings seem to support the view that prior experiences may play an enduring role in positive adaptation through the expectations and attitudes the child brings to his/her current experiences.

Survey questions in the experience section in the category of strong/somewhat strong agreement receiving an 88% response rate are: 1) clients have received support for their opinions and/or position and 2) clients as children have experienced structure and rules. It is very likely that clients who have been in supportive, caring families during childhood and adolescence have also experienced support for their opinions and been treated as though their opinions and positions are important and have value. Werner's study (1993) also supports the perception of the survey

respondents around the response pertaining to structure and rules in that the study found that resilient children during adolescence experienced structure, rules and assigned chores as a part of their daily routine. It was found that resilient adolescents had often taken care of younger siblings, held part-time jobs, and were involved in extra-curricular activities that were cooperative or team-oriented in nature. These types of activities tend to have definite expectations and rules regulating behavior.

Under the strong/somewhat strong category there are three experiences containing negative variables. These three variables each received six out of eight responses and are: 1) clients as adults have personally experienced alcohol or drug abuse; 2) clients as children have personally experienced alcohol or drug abuse; 3) clients as children have experienced violence in the home. These experiences will be discussed as significant experiences which negatively impact an individual's ability to positively adapt to adverse circumstances.

Drug and alcohol abuse are recognized as significant risk factors in the studies referenced throughout the literature review. Retrospective research done with clinical populations has shown that children of violence, alcoholism, and drug abuse are over-represented among adults leading damaged lives. In the 1970's and 1980's child development researchers, using statistical models drawn from public health and epidemiology, catalogued risk factors which

included alcoholism and violence. These factors were found to increase the odds of a child ending up as a delinquent, addict, or a chronic mental health casualty. Emmy Werner (1977) began her landmark study of resilience by examining children's susceptibility to negative developmental outcomes after exposure to serious risk factors which included parental drug and alcohol abuse and poverty. The Life Events Checklist (LEC), developed by Work et al identified 32 stressful life events and circumstances that children and families experience, which include family turmoil, violence, and poverty. Most of the stressful life events are items which assess chronically stressful processes such as drug abuse, alcoholism, and financial problems. Michael Rutter, an English researcher in resilience, found in a 1979 study that children exposed to four risk factors were ten times more likely to become severely emotionally disturbed.

There are two areas that emerged in the survey which may indicate the presence of a professional bias. The first is that 1) clients as children (ages 0-18) having experienced alcohol or drug abuse in the family has a less significant impact than if clients as children have personally used drugs or alcohol. There were only four responses out of eight, which indicates that only 50% of the respondents believe that this is a significant factor. The literature supports the view that children whose parents use drugs or alcohol are at serious risk. One of the criteria in Werner's longitudinal study which determined if children

were at high risk was a family environment in which parental alcoholism was present. Egeland's Mother-Child Project, (1993) another longitudinal study of high risk children, also identified home environment containing drug and alcohol abuse as a significant factor. In addition Egeland's sample included not only young mothers but also drug and alcohol abusing parents. Parents are models for children and drug/alcohol using parents, by their actions, would tend to influence children negatively who then may become more likely to use drugs and alcohol themselves.

A second indication of professional bias is in the area of families who experience poverty. Less than 50% of the respondents viewed poverty as a significant factor in a child's ability to become resilient. The Egeland et al longitudinal study of high risk children, the Mother-Child Project,(1993) found poverty to be the major risk factor for the families studied. Egeland's study in general found that poverty and the factors associated with poverty had a pervasively negative effect on child adaptation. Children living in poverty were functioning poorly in a number of areas: 1) a higher proportion of the children had poor quality relationships with their caretakers in infancy as indicated by the number of infants classified as anxiously attached at 12 and 18 months compared to low-risk samples; 2) a high proportion also had preschool behavior problems, and functioned poorly socially, emotionally, behaviorally and academically in elementary school. Clearly, poverty was

and is a major risk condition.

The findings also indicated that the effects of poverty seem to be cumulative and increase as the child gets older. This study was chosen because it illustrates current social issues and themes specifically addressing the issue of poverty for children and families and its devastating impact. Unfortunately most of the people in the social work profession have not experienced the same level of poverty many of our clients have; and because we have not had that experience, there's a lack of true understanding about the debilitating impact of poverty. We still tend to believe that any child can grow up to be president, that anyone can do anything no matter what the circumstances. We don't give credence to the outside factors that impact clients' lives and prevent them from being able to access resources or to fulfill their own potential. Egeland's study forces us to look beyond the individual to the contextual and environmental issues as related to the concept of resilience.

My study, with the low response levels regarding poverty and its impact, shows that our profession needs to develop a deeper understanding of the impact of poverty on a child's ability to adapt positively or to be resilient. A further finding of the Egeland study indicates that the poverty sample of Egeland et al is functioning more poorly than the individuals studied by Werner and Smith in Hawaii. One reason for the difference may be the number of

associated risk factors. It appears that poor families of the 1980's and 1990's experienced different, if not more, overall risks than poor families of the 1950's.

It is also interesting to note that only two respondents out of the eight (25%)in each of the following two questions believed that there was a strong/somewhat strong impact: 1) clients have engaged in activities that are broadly gender-typed; and 2) clients either as adults or children have experienced divorce. In the Egeland et al study one of the differences in the overall risk for families in poverty in the 1980's and 1990's as compared to the 1950's Werner study is that there were fewer single parents and divorces during the 1950's. Garmezy's 1985 study and review of research into stress resistant children concluded that there were three broad sets of variables which operated as protective factors including family cohesion and the absence of discord, which certainly speaks to the issue of divorce. From the Smith and Werner study, (1989) both parents and teachers noted that resilient children had many interests and engaged in activities that were not narrowly gender typed. Such activities tended to provide solace in adversity and a reason for them to feel proud.

Traits/Characteristics

The survey questions in the traits/characteristics section in the category of strong/somewhat strong agreement

receiving a 100% response rate are the two following: 1) clients exhibit autonomous behavior by acting according to personally established sets of values; 2) clients exhibit self-help skills such as ability to recognize and seek assistance when needed. The literature supports both of these findings.

Rutter (1987) has determined that many vulnerabilities or protective processes concern key turning points in people's lives, leading us to ask how it is that an individual is able to make decisions to act according to their personal values and exhibiting autonomous behavior. We need to ask why and how some individuals manage to maintain high self-esteem and self-efficacy in spite of facing the same adversities that lead other people to give up and lose hope. Rutter (1987) suggests that instead of searching for broadly based protective factors, the need in the study of resilience is to focus on protective mechanisms and processes. The point of emphasizing the turning point that changes a developmental trajectory is to focus attention on the process involved. For example, to state that academic success or self-efficacy are protective factors is not enough. We must also research how those qualities develop and how they change an individual's life course. Rutter (1987) stresses that to help vulnerable youth it is necessary to focus on the protective processes that bring about changes in life trajectories from risk to positive adaptation. Rutter included among these processes those that

reduce the impact of risk and the likelihood of negative chain reaction, those that promote self-efficacy and self-esteem and the processes that open up opportunities. According to Werner the promotion of competence and self-esteem in a young person is probably one of the key ingredients in any intervention process. Werner has also stated that these processes have been observed in the resilient children of the Kauai Longitudinal Study. For example, it was observed that children with parents of chronic psychopathology could detach themselves from the discord in their homes by seeking social support and spending time with caring adults outside the family. This process altered their exposure to potent risk conditions in their homes. In other cases, the negative chain reaction which often follows hospitalization of alcoholic or psychotic parents or which follow divorce, were buffered by the presence of grandparents and older siblings who acted as substitute parents and provided continuity in care, again enhancing the social support systems of at-risk children.

All other questions relating to traits/characteristics received six or seven responses in the strong/somewhat strong impact category, indicating that generally the respondents view the variables in the traits/characteristics section to be very significant in providing a profile of a resilient individual. The variables contained in the remainder of the survey responses include: alertness; seeking new experiences, activities and people; effective

communication skills; positive social interactions; and openness to challenge and change. As referenced throughout this section, the literature contains broad-based support of the respondents' views in recognizing all of the variables in this category as having significant impact on the development of resilience.

Werner's study, (1977) for example, found that effective reading skills by grade four were one of the most potent predictors of successful adult adaptation among the high risk children of the study. Effective communication skills were viewed by survey respondents as being a significant component of the personality of a resilient person. Self-esteem and self-efficacy also grew when children took on responsibilities appropriate with their ability--a part time job, or caring for younger siblings. In all of these activities the ability to effectively problem-solve and communicate would be central to the completion of these tasks. Most of all the study showed that self-esteem and self-efficacy were promoted through the process and development of supportive relationships early in children's lives, which has been extensively documented and discussed throughout the literature. The development of self-esteem which allows individuals to exhibit autonomous behavior is also evidenced in their ability to utilize self-help skills and to recognize and seek assistance when needed.

Again the literature supports the importance of the process of problem-solving and the need to access

appropriate social supports and community resources in order to positively adapt and exhibit resilient behavior. Smith and Werner (1989) wrote the book Vulnerable But Invincible which contrasts the caregiving and environments of the resilient children of the Kauai Longitudinal Study to those of their high-risk peers who had developed serious coping problems in the first two decades of life. They found as toddlers these children tended to engage their world. Pediatricians and psychologists who examined them independently at 20 months noted their alertness and autonomy, their tendency to seek out new experiences, and their positive social interactions. They also had more advanced communication and self-help skills than the other high-risk children who later developed serious coping problems.

Sroufe's (1990) and Rutter's (1987) findings were similar as resilience was reviewed within an organizational-developmental framework. In this framework resilience or competence is viewed as the ability to use internal and external resources successfully to resolve stage-salient developmental issues. Competence in resolving developmental issues is thought to make the individual broadly adapted to the environment as well as prepared for competence in the next developmental stage.

Implications for Practice and Social Action

An important theme which is supported throughout the literature and emerges in this study is the significance of primary relationships in all stages of life. The need for continuity in a primary caregiver is especially critical during infancy and early childhood. The need for unconditional love and acceptance is also crucial developmentally from birth through adolescence in order for the individual to develop the capacity of resilience. Practitioners may need to assume the roles of models and teachers as a way of interacting with clients to promote caring and loving primary relationships. Practitioners could educate parents, assist in developing resources which would provide substitute parents, and assist parents in developing skills which demonstrate love and keep their children safe Research referenced throughout the literature has repeatedly shown that if a parent for some reason is unavailable, other people in a child's life can play such an enabling role--grandparents, older siblings, caring neighbors, childcare providers, teachers, or other mentors. The crucial question for therapy and public policy is whether resilience can be created artificially. Can community programs become "protective factors" that make a difference for high-risk children? Can paid workers substitute for life-long connections to family and extended family? Can these programs and workers in effect become the god-parents, aunts, uncles and grandparents so often missing in many

isolated people's lives? The web of relationships which once provided many sources of resilience is eroding in today's family and society. Poverty has emerged as a pervasive condition in the lives of many children with numerous risk factors being correlated with poverty. The long term consequences of adverse conditions on the individual's development and adaptation to life must be impetus for social change. We now have clues as to how children become resilient. Those clues challenge not only conservative American myth about stoicism and self-reliance, but also many unspoken assumptions of the liberal therapeutic culture (Networker, 1997). By examining the processes that contribute to positive adaptation in situations that more typically result in maladaptive behavior, we should be better able to devise ways of promoting positive outcomes in high risk children and youth.

In the current mental health climate created by managed care, definable and measurable outcomes have become a necessity to the delivery of services. Identifying those relationships, experiences and traits which increase the individual's chances of coping successfully in a crisis situation, may lead practitioners from insight therapy to a more pragmatic, problem-solving intervention. The role of the practitioner may assume a teaching quality as s/he provides more specific information which helps clients identify and choose those relationships and experiences and help them develop the traits that promote resilience as

defined by positive outcomes. Findings indicate that the goal of this research has been met: practitioners recognize and can identify those relationships, experiences, and traits which support an individual's positive adaptation to adversity. As research defines resilience and identifies protective factors and processes that reduce risk and promote sound development, we hope to gain a better understanding of these processes and protective factors. Such an understanding can help us both to clarify developmental processes and build a productive base necessary for effective preventative intervention. Such research findings may challenge us to argue for changing the odds children face, rather than making them beat them.

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Dear

I am an MSW Candidate at Augsburg College and am conducting my thesis on the process of resilience. Specifically, my thesis will address the three categories as identified in the literature review (relationships, experiences, traits or characteristics) which impact the process of reslience and influence an individual's positive adaptation to adversity.

As respondents to this survey I have selected licensed practicing social workers and licensed practitioners of the healing arts employed in area medical and mental health centers and in private practice. I am enclosing a survey for you to complete. You are free to withdraw from the study at any time without negative consequences, and you may skip or not answer questions. Instructions for completing it are included at the beginning of the survey.

The results of the surveys will be included in my thesis. The raw data will be retained by me in a locked file cabinet at my residence until December 17, 2004, at which time it will be destroyed. No one other than myself and my thesis advisor will have access to the raw data. Data will only be reported in the aggregate. As such, participants' responses will be anonymous.

There are no direct benefits (money or other incentives) to participation in this research. An indirect benefit is that the completed research will be available to you, and the general public, in the form of my thesis which will be on file at the Augsburg College Library, Minneapolis, MN, and Choices Counseling Center, Mason City, IA. There are no risks to you associated with your involvement in this study. Participation in this study is voluntary. By returning the survey, you have consented to participate in this research.

If you have questions you may contact me at P. O. Box 1934, Mason City, IA 50401 or office phone, 515/424-9820. You may also contact my thesis advisor, Dr. Laura Boisen, Augsburg College, 2211 Riverside Ave. South, Minneapolis, MN 55454, phone 612/330-1439.

Sincerely,

Denise R. Vikturek (MSW Candidate)

Denise R. Vikturek
MSW Candidate

Resilience Process Survey

Introduction: All definitions of resilience possess a central belief: overcoming some risk factor resulting in positive adaptation. The purpose of this survey is to explore the process of resilience by identifying the visible web of relationships and experiences that teach people mastery, moral courage, hope, and love. This survey addresses questions about reslience as demonstrated in three categories: relationships; experiences; and the traits and characteristics that may contribute to an individual's capacity to develop resilience. The instrument is being sent to licensed, practicing social workers and licensed practitioners of the healing arts employed in local medical and mental health centers and in private practice.

Directions: The approximate length of time to complete this survey will be 20 minutes. Responses should reflect your perceptions based on your professional knowledge and practice experiences. Responses are not intended to be based on an individual client, but rather your general experience with clients. For purposes of this survey childhood is defined as ages 0-11, adolescence as ages 12-18, and adulthood as 19 and older. Rate your responses by considering #1 lowest, no impact; #3 moderate impact; #5 strong impact. Mark an "X" on the line next to the number of the desired response. Do not mark between spaces.

Section 1--Relationships Which May Impact Resilience

To what degree do you believe the following relationships impact your clients' ability to adapt positively to adverse situations?

1. Clients have caring and loving relationship with spouse/partner

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

2. Clients experience(d) a caring and loving relationship with parent(s) (during childhood and adolescence)

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

3. Clients maintain a caring and loving relationship with parent(s) (as adult)

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

4. Clients have established one or more friendships (once a week contact)

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

5. Clients have established mutual respect and cooperative relationships with co-workers

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

6. Clients have developed relationship(s) with mentor(s) or role model(s) (during childhood)

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

7. Clients have developed relationship(s) with mentor(s) or role model(s) (during adolescence)

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

8. Clients have developed relationship(s) with mentor(s) or role model(s) (during adulthood)

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

9. Clients have developed and maintained a spiritual connection

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

10. Clients have learned to identify and access community resources

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

11. Clients had a primary caretaker during childhood

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

12. Clients had frequent or prolonged separations from primary caretaker (during childhood)

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

13. As children clients had at least one person who accepted them unconditionally

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

14. Other (please specify) _____

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

Section 2--Experiences Which May Impact Resilience

To what degree do you believe the following experiences impact your clients' ability to adapt positively to adverse situations?

15. Clients have received praise on a regular basis

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

16. **Clients have received support for their opinions and/or positions**

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

17. **Clients have often received positive recognition from family**

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

18. **Clients have often received positive recognition from co-workers**

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

19. **Clients have generally been perceived by others as being honest**

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

20. **Clients have been generally perceived by others as being credible**

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

21. **Clients have felt safe in most circumstances**

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

22. **Clients have participated in activities that are team-oriented or cooperative**

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

23. **Clients have engaged in activities that are broadly gender-typed**

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

24. **Clients as adults or children have experienced divorce**

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

25. **Clients as adults have personally experienced alcohol or drug abuse**

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

26. **Clients as adults have experienced alcohol or drug abuse in the family**

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

27. Clients as children (0-18) have personally experienced alcohol or drug abuse

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

28. Clients as children (0-18)have experienced alcohol or drug abuse in the family

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

29. Clients as children (0-18)have experienced violence in the home

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

30. Clients as children (0-18)have experienced school violence

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

31. Clients as adults have experienced poverty

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

32. Clients as children(0-18)have experienced poverty

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

33. Clients are able to regulate emotions most of the time

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

34. Clients appropriately solve problems most of the time

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

35. Clients use prior experiences to solve problems

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

36. Clients as children (0-18) have experienced structure and rules

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

37. Clients take responsibility for their actions

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

38. Clients feel a sense of control over what happens to them

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

39. Clients feel their lives have meaning

1 ___ 2 ___ 3 ___ 4 ___ 5 ___
no impact slight impact moderate impact somewhat strong strong impact

40. Clients have been/are responsible for taking care of another person

1 ___ 2 ___ 3 ___ 4 ___ 5 ___
no impact slight impact moderate impact somewhat strong strong impact

41. Other (please specify) _____

1 ___ 2 ___ 3 ___ 4 ___ 5 ___
no impact slight impact moderate impact somewhat strong strong impact

Section 3--Traits or Characteristics Which May Impact Resilience

To what degree do you believe the following traits or characteristics provide a profile of a resilient person?

42. Clients generally appear alert

1 ___ 2 ___ 3 ___ 4 ___ 5 ___
no impact slight impact moderate impact somewhat strong strong impact

43. Clients exhibit autonomous behavior by acting according to personally established sets of values

1 ___ 2 ___ 3 ___ 4 ___ 5 ___
no impact slight impact moderate impact somewhat strong strong impact

44. Clients seek new experiences by often saying "yes" to offers involving new activities and/or people

1 ___ 2 ___ 3 ___ 4 ___ 5 ___
no impact slight impact moderate impact somewhat strong strong impact

45. Clients exhibit effective communication skills in their ability to be clearly understood by others and to understand others

1 ___ 2 ___ 3 ___ 4 ___ 5 ___
no impact slight impact moderate impact somewhat strong strong impact

46. Clients experience and seek out positive social interactions

1 ___ 2 ___ 3 ___ 4 ___ 5 ___
no impact slight impact moderate impact somewhat strong strong impact

47. Clients exhibit self-help skills such as ability to recognize and seek assistance when needed

1 ___ 2 ___ 3 ___ 4 ___ 5 ___
no impact slight impact moderate impact somewhat strong strong impact

48. Clients possess many and varied interests and are open to challenges and change

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

49. Other (please specify) _____

1 ___ no impact 2 ___ slight impact 3 ___ moderate impact 4 ___ somewhat strong 5 ___ strong impact

Section 4--General Information

50. How many years have you been providing therapy to individuals and families? _____

51. What is your highest degree? _____

52. What year did you receive your degree? _____

53. What is your licensing status? _____

54. What is your date of birth? _____

55. What is your gender? _____

Mercy
BEHAVIORAL SERVICES
A service of Mercy Medical Center-North Iowa

1000 4th Street SW
Mason City, Iowa 50401
Phone: 515/422-6070
FAX: 515/422-7516

May 8, 2000

Denise Vikturek
321 2nd St. S.E.
Mason City IA 50401

Re: Research on the Process of Resilience

Dear Ms. Vikturek,

This letter is to confirm the approval of your request to conduct research with therapists employed by Mercy Medical Center - North Iowa. It is my understanding that your survey will be a quantitative survey requiring approximately 20 minutes of employee time.

I am aware that you will be submitting your research proposal for approval to the Augsburg College Institutional Review Board before you begin conducting research and that you will be working closely with your thesis advisor, Dr. Laura Boisen. Once you receive your approval, we are looking forward to your beginning the study.

Mercy Medical Center - North Iowa, is pleased to accept and support your proposal. We believe your research will be valuable in assisting therapists to recognize and encourage resilience in their clients. I look forward to the results of your study and request that you please continue to keep me updated on the progress of it.

Again, you have the approval and cooperation of our hospital as you conduct the study. If you have any further questions, please feel free to contact me at 422-7797.

Sincerely,

Mark R. Peltan, Ph.D.
Licensed Psychologist
Director, Behavioral Services

Cc: Sharon Patton, Chairperson
Augsburg College Institutional Review Board

MENTAL HEALTH CENTER OF NORTH IOWA INC.

235 South Eisenhower Ave.
Mason City, Iowa 50401
(515) 424-2075

12 May 2000

Denise Vikturek
321 2nd Street S.E.
Mason City, IA 50401

RE: RESEARCH ON THE PROCESS OF RESILIENCE

Dear Ms. Vikturek:

This letter is to confirm the approval of your request to conduct research with therapists employed by the Mental Health Center of North Iowa, Inc. It is my understanding that your survey will be a quantitative survey requiring approximately 20 minutes of employee time.

I am aware that you will be submitting your research proposal for approval to the Augsburg College Institutional Review Board before you begin conducting research and that you will be working closely with your thesis advisor, Dr. Laura Boisen. Once you receive your approval, we are looking forward to your beginning the study.

Mental Health Center of North Iowa, Inc. is pleased to accept and support your proposal. We believe your research will be valuable in assisting therapists to recognize and encourage resilience in their clients. I look forward to the results of your study and request that you please continue to keep me updated on the progress of it.

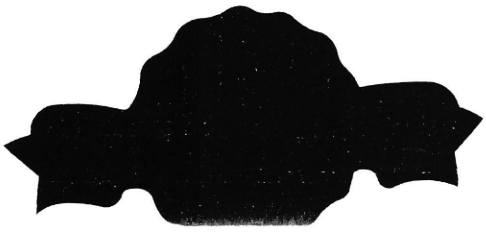
Again, you have the approval and cooperation of our agency as you conduct the study. If you have any further questions, please feel free to contact me at 515-424-2075.

Sincerely,

David G. Fox, ACSW, LISW
Chief Clinical Social Worker

DGF/rab

cc: Sharon Patton, Chairperson
Augsburg College Institutional Review Board



AUGSBURG

C • O • L • L • E • G • E

MEMO

November 13, 2000

To: Denise Vikturek

From: Dr. Sharon Patten, IRB Chair SKP
Phone: 612-330-1723

RE: Your IRB Application

As we discussed several months ago the IRB conditions for your research proposal have been approved. I apologize in the delay in responding to you in writing.

SKP:ka

cc: Laura Boisen, Thesis Advisor

DEPARTMENT OF SOCIAL WORK

Campus Box 61 • 2211 Riverside Avenue • Minneapolis MN 55454 • Tel. (612)330-1189 • Fax (612)330-1493